MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/502429	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	/						52						
3		/					53						
4							54						
5		/					55						
6							56						
7							57						
8		/					58						
9							59						
10		/					60						
11							61						
12		/					62						
13							63						
14							64						
15		/					65						
16							66						
17		/					67						
18							68						
19							69						
20		/					70						
21		/					71						
22							72						
23		/					73						
24							74						
25		/					75						
26							76						
27		/					77						
28	/						78						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 8-78)